

## **Table of Contents**

**State/Territory Name: North Carolina**

**State Plan Amendment (SPA) #: 14-0026**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Atlanta Regional Office  
61 Forsyth Street, Suite 4T20  
Atlanta, Georgia 30303



**DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS**

January 12, 2017

Mr. Dave Richard  
Deputy Secretary  
Division of Medical Assistance  
North Carolina Department of Health and Human Services  
2501 Mail Service Center  
Raleigh, North Carolina 27699-2501

Attention: Teresa Smith

RE: North Carolina Title XIX State Plan Amendment, Transmittal # NC 14-0026

Dear Mr. Richard:

We reviewed the proposed amendment to the North Carolina Medicaid State Plan Amendment (SPA) NC 14-0026 (Optical Supplies) that was submitted to CMS on September 30, 2014. This amendment originally proposed implementing a 1 percent rate reduction and rate freeze for subsequent years. After intensive collaboration with CMS, the State removed the 1 percent rate reduction and revised the SPA pages to clarify that this program will be reimbursed via the North Carolina Medicaid fee schedule in effect at a given point in time.

Based on the information provided, we are now ready to approve the Medicaid State Plan Amendment NC 14-0026. This SPA was approved on January 12, 2017. The effective date of this amendment is January 1, 2015. We are enclosing the signed paper-based HCFA-179 and the approved plan pages.

If you have any questions or need any further assistance, please contact Michelle White at (404) 562-7328, or Donald Graves at 919-828-2999.

Sincerely,

//s//

Jackie Glaze  
Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: 14-026	2. STATE NC
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		
<b>TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>	4. PROPOSED EFFECTIVE DATE January 1, 2015	

5. TYPE OF PLAN MATERIAL (*Check One*):☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENTCOMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 447.201

7. FEDERAL BUDGET IMPACT:

a. FFY 2015 (\$ 963)

b. FFY 2016 (\$1,283)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B Supplement 3, Pages 1c and Attachment 4.19-B  
Supplement 3, Pages 1d9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*):

Attachment 4.19-B Supplement 3, Pages 1c

10. SUBJECT OF AMENDMENT:

Optical Supplies Services

11. GOVERNOR'S REVIEW (*Check One*):☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☒ OTHER, AS SPECIFIED: Secretary☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

//s//

13. TYPED NAME:

Aldona Z. Wos, M.D.

14. TITLE:

Secretary

15. DATE SUBMITTED:

16. RETURN TO:

Office of the Secretary  
Department of Health and Human Services  
2001 Mail Service Center  
Raleigh, NC 27699-20014**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 09/30/14

18. DATE APPROVED: 01/12/17

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

01/01/2015

20. SIGNATURE OF REGIONAL OFFICIAL:

//s//

21. TYPED NAME: Jackie Glaze

22. TITLE: Associate Regional Administrator  
Division of Medicaid & Children Health Opns

23. REMARKS: Approved with the following changes to block 7, 8 and 9.

Block #7 changed to read: 7a- FFY 2015 (\$0.00) and 7b - FFY 2016 (\$0.00)

Block # 8 changed to read: Attachment 4.19-B Section 12, page 4: Attachment 4.19-B Supplement 3 Page 1c.

Block # 9 changed to read: Attachment 4.19-B Section 12, page 4: Attachment 4.19-B Supplement 3 Page 1c.

State Plan Under Title XIX of the Social Security Act  
Medical Assistance Program  
State: North Carolina

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Payments for Medical and Remedial Care and Services

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12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

- d. Eyeglasses.

Fees paid to dispensing providers are negotiated fees established by the State agency based on industry charges.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of Orthotic and Prosthetic Devices the fee schedule and any annual/periodic adjustments to the fee schedule are published in <https://dma.ncdhhs.gov/providers/fee-schedules>. The agency's fee schedule rate was set as of the and is effective for services provided on or after that date. All rates are January 1, 2014 published on the agency's website.

Payment for materials is made to a contractor(s) in accordance with 42 CFR 431.54(d).

State Plan Under Title XIX of the Social Security Act  
Medical Assistance Program  
State: North Carolina

Payments for Medical and Remedial Care and Services

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Payment for Eyeglasses:

INTENTIONALLY LEFT BLANK

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TN. No. 14-026  
Supersedes  
TN. No: 14-006

Approval Date: 01-12-17

Eff. Date: 01/01/2015